

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562247

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	2			1			
4	2			1			
5	2			1			
6		1					
7		1					
8	2			1			
9	2			1			
10	2			1			
11	2			1			
12	2			1			
13	2			1			
14	2			1			
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17	2			1			
18	2			1			
19	2			1			
20	2	1					
21	1			1			
22	1			1			
23	2			1			
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48							
49							
50							
TOTAL IND.	2		1				
TOTAL DEP.	29	←	25	←			
TOTAL CLAIMS	31		26				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							